


AREA Santa Maria	DIVISION Coastal	NUMBER 750-10-001
EVALUATED BY B. Ruth, #9762		DATE 04/05/2010

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 04/09/2010	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW M. L. OLSON 	
BY _____		DATE 04/09/2010	
1. COMMAND INVOLVEMENT		EVALUATED Yes	ACTION REQUIRED No
		CORRECTED N/A	

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION	EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
a. Do training records indicate formal training has been received and certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:			
(a) Searching techniques.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Handcuffing.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(c) Use of safety equipment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(d) Suspect control.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(e) High risk and felony stops.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(f) Hostage control.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(g) Prisoner transportation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(h) Radio control head operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? Officer Safety Testing is conducted by AOST (Advanced Officer Safety Testing) instructors. During the officers' annual certification, "hands on" and simunitions training is taught.		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**3. SAFETY EQUIPMENT**

EVALUATED	ACTION REQUIRED	CORRECTED
Yes	No	N/A

a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA  
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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. FIREARMS</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	N/A	
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken? Quarterly audits are conducted.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined? Last order received: 4/2/2010.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken? Audit: 2/10/2010.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	CHP 416 is current.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	CHP 269 is current.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	ETRS printout is current.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	Training Officer enters data.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?			
(1) If RP handles ammunition, are proper accountability procedures in place?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. PHYSICAL METHODS OF ARREST</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b> N/A
a. Do officers practice weaponless defense?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	Head, neck, sternum, spine & groin.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:			
(1) Control holds.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6. ENFORCEMENT TACTICS</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b> N/A
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations? <i>Active Shooter Training</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. PURSUITS</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b> N/A
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits? <i>departmental policy suffices.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8. FORCIBLE STOPS</b>	EVALUATED Yes	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<i>Quarterly review.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. ROADBLOCKS</b>	EVALUATED Yes	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<i>Area SOP</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>10. RADIO FAMILIARIZATION</b>	EVALUATED Yes	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**M e m o r a n d u m**

Date: February 10, 2010

To: Coastal Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Santa Maria Area

File No.: 750.012036.009762

Subject: SHOOTING QUALIFICATION AND TRAINING - 2009

Per HPM 70.8, Chapter 3-1, Santa Maria Area submits the following report identifying those uniformed employees who missed more than three primary firearm shoots and/or more than one shotgun or rifle shoot per year 2009. Make-up shoots were not made up.

## Quarterly Rifle Shoots:

Eight officers missed more than one quarterly shoot.

Sergeant M. Clark, #12476  
Officer G. Lopez, #10195  
Officer M. Gruver, #15514  
Officer D. Medina, #16469

Officer A. Villanti, #16773  
Officer A. Ruiz, #17267  
Officer S. Tomazin, #17711  
Officer J. Wallace, #17616

## Quarterly Shotgun Shoots:

Eight officers missed more than one quarterly shoot.

Sergeant M. Clark, #12476  
Officer G. Lopez, #10195  
Officer J. Rubio, #13766  
Officer M. Gruver, #15514

Officer R. Miller, #16874  
Officer A. Ruiz, #17267  
Officer J. Wallace, #17616  
Officer S. Tomazin, #17711

## Monthly Primary Firearm Shoots:

Eight officers missed more than three monthly shoots:

Sergeant J. Ploetz, #11001  
Officer G. Lopez, #10195  
Officer M. Gruver, #15514  
Officer D. Medina, #16469

Officer R. Miller, #16874  
Officer A. Ruiz, #17267  
Officer S. Tomazin, #17711  
Officer P. Olsen, #18616

*Safety, Service, and Security*



Shooting Qualification and Training - 2009

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February 10, 2010

Officer Lopez was assigned to limited duty for five months due to medical issues. Consequently, he missed all shoots during that time. [REDACTED] had shoulder surgery and missed the first quarter shoots.

When Santa Maria switched to the 3/12 shift schedule in August 2009, Area failed to ensure that the officers working C-Shift adjusted their work schedules to attend the range (indoor range closes at 1800 hours, while C-Shift began at 1800 hours. C- Shift now begins at 1745 hours). Therefore, Officers [REDACTED] did not meet the required shoots.

Moreover, supervisory oversight for this required training was lacking. As the commander, I take responsibility for this. Therefore, effective immediately, range days will be posted on the Master Schedule in addition to the daily beat schedule. "Range Master of Santa Maria" shooting range has agreed to stay open later on specific days to allow our C-Shift officers to shoot. Quarterly shotgun and rifle shoots will be scheduled to include Area training days to ensure all uniformed employees will meet their shooting and qualification requirements. Finally, better monthly supervisory oversight controls have been put into place to preclude this from occurring again.

Questions may be directed to me at (805) 349-8728.



M. L. OLSON, Lieutenant  
Commander

**COMMAND INSPECTION PROGRAM  
EXCEPTIONS DOCUMENT**

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Command: <b>Santa Maria</b>	Division: <b>Coastal</b>	Chapter: <b>17</b>
Inspected by: <b>Sgt Ben Ruth</b>		Date: <b>April 9, 2010</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  <b>17</b>	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: <b>Coastal Division</b> Due Date: <b>April 9, 2010</b>		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

Recommendations from last year were put into action: All 311s were found to be up to date, and all 100 Forms now contain occ safety comments.

**COMMAND INSPECTION PROGRAM  
EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: Santa Maria	Division: Coastal	Chapter: 17
Inspected by: Sgt Ben Ruth		Date: April 9, 2010

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

I concur with the findings of this inspection. There were no identified deficiencies that require corrective action. However, this inspection identified items which we will rebrief as a good reminder to the troops.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None.

Required Action

Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer (See HPM 9.1 Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 4-16-10
	INSPECTOR'S SIGNATURE Sgt Ben Ruth by 	DATE 4-16-10
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE 4/27/10
<input type="checkbox"/> Concur <input type="checkbox"/> Do not concur		